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Bib Data Sheet

CONFIRMATION NO. 9609

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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/068,402 | <b>FILING DATE</b><br>02/07/2002<br><br><b>RULE</b> | <b>CLASS</b><br>725 | <b>GROUP ART UNIT</b><br>2623 | <b>ATTORNEY DOCKET NO.</b><br>25917/02401 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/267,111 02/07/2001 *yes W*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *none W*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/07/2002**

|  |                               |                             |                           |                                |
|--|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature <span style="margin-left: 100px;">Initials</span> | <b>STATE OR COUNTRY</b><br>TX | <b>SHEETS DRAWING</b><br>11 | <b>TOTAL CLAIMS</b><br>57 | <b>INDEPENDENT CLAIMS</b><br>4 |
|--|-------------------------------|-----------------------------|---------------------------|--------------------------------|

**ADDRESS**  
 26116  
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**TITLE**  
 Method and apparatus for providing interactive media presentation

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|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1620 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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